MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02969

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 10 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Compton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) (Last) Abell

4. DATE OF DEATH: (Month) Mar. (Day) 22 (Year) 1949

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: 3/21/49 — 9. AGE last birthday: — yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours 10 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Jr. Percy Abell — 14. MOTHER'S MAIDEN NAME: Shirley L. Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Percy Abell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

774 Immediate cause (a) Premature Birth — 5½ mos.

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21/, 1949, to 3/22, 1949, that I last saw the deceased alive on 3/21, 1949, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank A. Camalier MD — Leonardtown — 3/22/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 3/22/49 — NAME OF CEMETERY OR CREMATORY St. Aloysius — LOCATION (City, town, or county) Leonardtown — (State) Md

DATE REC'D BY LOCAL REG. 3/22/49 — REGISTRAR'S SIGNATURE Camalier — 24. FUNERAL DIRECTOR Percy Abell — ADDRESS Compton

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MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02970

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ivan (Middle) Williamson (Last) Baily
4. DATE OF DEATH (Month) 3 (Day) 30 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 9/5/1905
9. AGE last birthday 43 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Charles A. H. Baily
14. MOTHER'S MAIDEN NAME Ella Peterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 187-05-6546
17. INFORMANT Helen E. Baily

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

819.5 Immediate cause (a) Fractured skull — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s)

170 C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trauma.

(c) multiple lacerations & abrasions.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
(CITY OR TOWN) Leonardtown (COUNTY) St. Marys (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 30 (Year) 1949 (Hour) 2:30 m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? automobile collision with pole

22. I hereby certify that I attended the deceased from dead, ~~to~~ when first seen, ~~19~~, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) Dave M.D. ADDRESS Leonardtown Md. DATE SIGNED 3/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 4/1/49 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 3/31/49 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 2 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02971

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Inigoes
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Inigoes
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) B. (Last) Ball

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 49

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/ ?/1864

9. AGE last birthday: 84? yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Benjamin Ball

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Louis Balll

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

431 **Immediate cause** (a) Acute myocarditis — ?

93a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) old age

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1949, to 3/7, 1949, that I last saw the deceased alive on 3/7, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: E. X. Thompson M.D (Degree or title)

ADDRESS:

DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL: Burial — DATE: 3/10/49 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county) (State): St. Inigoes, Md.

DATE REC'D BY LOCAL REG.: 3/9/49 — REGISTRAR'S SIGNATURE: Canales

24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Md.

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MAR 11 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02972

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH — COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown
STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Leila (Middle) Maude (Last) Bennett
4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Apr. 23, 1874
9. AGE last birthday: 74 yrs. — If under 1 year: Months 11, Days 8 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Mercantile
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas W. Bennett
14. MOTHER'S MAIDEN NAME: Mary Emily Wheeler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 217-14-7137
17. INFORMANT: Jennie Bennett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic carcinoma of stomach — 8 mo.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c)

151

46 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/5/49
19b. MAJOR FINDINGS OF OPERATION: metastatic carcinoma of stomach
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/5, 1949, to 3/31, 1949, that I last saw the deceased alive on 3/31, 1949, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE: Julian J. Lane (Degree or title) M.D. — ADDRESS: Leonardtown, Md. — DATE SIGNED: 4/1/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr. 3 1949 — NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery — LOCATION (City, town, or county): Leonardtown — (State): Md.
DATE REC'D BY LOCAL REG.: 4/1/49 — REGISTRAR'S SIGNATURE: Carvalho
24. FUNERAL DIRECTOR: W. C. Mattingley Sons — ADDRESS: Tolton, Md.

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APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02973

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Easton~~ Drayden
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Drayden [Rural]
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph		Boothe	Mch	4	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Oct 19-1873	75 yrs.	4	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Maryland St Marys	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Henry Boothe	Emily Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	—	—	Margaret Ann Boothe Drayden Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Sclerosis	5 years
Antecedent cause(s)		
420.1 / 940 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan., 1943, to 3-4-, 1949, that I last saw the deceased alive on 3-3-, 1949, and that death occurred at 5:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P.J. Bean, M.D.		Great Mills, Md.	3-5-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mch 7-1949	St Georges	Valley Lee Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-5-49	P.J. Bean M.D.	W.C. Mattingly Sons	Leonardtown Md

VS. A15

RECEIVED
MAR 15 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02974

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland; LENGTH OF STAY (In this place) 5 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St.Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scotland; STREET ADDRESS (If rural, give location) Maryland

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Francis	Bradburn	3	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	9-23-1865	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer		Maryland	U.S.

13. FATHER'S NAME: Stephen Bradburn

14. MOTHER'S MAIDEN NAME: Annie A Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			Queenie Willis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Heart Disease	5 years
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteria Sclerosis	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May, 1947, to 3/24/, 1949, that I last saw the deceased alive on 3/23/, 1949, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P.J.Beary	M.D.	Great Mills Md	3/25/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-26-49	St. Michaels	Ridge	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/25/49	P.J.Beary M.D.	P.B. Robinson	Leonardtown, Md.

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02975 282

1. PLACE OF DEATH · COUNTY St Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Valley Lee — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Valley Lee
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) Valley Lee Md

3. NAME OF DECEASED (Type or Print) (First) Jefferson (Middle) A (Last) Clarke

4. DATE OF DEATH (Month) March (Day) 15 (Year) 1949

5. SEX Male — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married — 8. DATE OF BIRTH Sept 18-1868 — 9. AGE last birthday 80 yrs. If under 1 year Months 5 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer — 10b. KIND OF BUSINESS OR INDUSTRY Farmer — 11. BIRTHPLACE (State or foreign country) Maryland St Marys — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Clarke — 14. MOTHER'S MAIDEN NAME Emily Ann Burroughs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mrs Clara E. Adams Clarke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Oedema — 24 hrs

421.1 Antecedent cause(s)

92a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aortic Insufficiency — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1949, to 3/15, 1949, that I last saw the deceased alive on 3/14, 1949, and that death occurred at 12.30 A.m., from the causes and on the date stated above.

SIGNATURE Frank A. Camalier (Degree or title) MD — ADDRESS Leonardtown — DATE SIGNED 3/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Mch-18-1949 — NAME OF CEMETERY OR CREMATORY St George cemetery — LOCATION (City, town, or county) Valley Lee (State) Md

DATE REC'D BY LOCAL REG. 3/16/49 — REGISTRAR'S SIGNATURE Camalier — 24. FUNERAL DIRECTOR W C Mattingley Sons — ADDRESS Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02976

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Mary's Hospital, Leonardtown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. (Chaptico.); STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) Countess

4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Not Known

9. AGE last birthday: Over 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day-laborer.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Countess

14. MOTHER'S MAIDEN NAME: Julia Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Ella Miles, Chaptico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Acute cardiac dilatation — Interval between onset and death: Two hrs.

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic cardio-renal vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15, 1949, to 3/15, 1949, that I last saw the deceased alive on 3/15, 1949, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alayius C. Welch, MD Chaptico, Md. March 16, 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Burial. DATE: 3/18/49 NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery LOCATION (City, town, or county) (State): Morganza, Maryland.

DATE REC'D BY LOCAL REG. 3/17/49 REGISTRAR'S SIGNATURE Canaler

24. FUNERAL DIRECTOR: Rose E. Welch ADDRESS Chaptico

1949
26
1271

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02977

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Clements St. Mary's; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clements, (rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Lola (Last) Forrest
4. DATE OF DEATH: (Month) 3/13/49 (Day) (Year) 19

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7/3/1894
9. AGE last birthday: 54 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Brooks
14. MOTHER'S MAIDEN NAME: Ida Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Joseph H. Forrest

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ruptured aortic aneurysm

450.0 Antecedent cause(s)

96 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Leuther, MD | ADDRESS Mechanicsville. Md | DATE SIGNED 14 Mar. 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 3/17/49 | NAME OF CEMETERY OR CREMATORY St. Joseph | LOCATION (City, town, or county) Morganza, (State) Maryland

DATE REC'D BY LOCAL REG. 3/15/49 | REGISTRAR'S SIGNATURE Canvalein

24. FUNERAL DIRECTOR P.B. Robinson | ADDRESS Leonardtown, Md.

RECEIVED
MAR 17 1949
BUREAU V. S.

02978

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Piney Point
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) L. (Last) Goldsborough

4. DATE OF DEATH (Month) March (Day) 2 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH June 1891
9. AGE last birthday 57 yrs. If under 1 year Months. 8 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Waterman
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Benj. Goldsborough
14. MOTHER'S MAIDEN NAME Ann L. Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 579-10-6604
17. INFORMANT Mrs Helen Malaspina 103 Woodland Drive Forest Height Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

421.4 Immediate cause (a) Chronic Endocarditis — INTERVAL BETWEEN ONSET AND DEATH 2

Antecedent cause(s)

922 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 3/1, 1949, to 3/2, 1949, that I last saw the deceased alive on 3/1, 1949, and that death occurred at 5.40 A.M., from the causes and on the date stated above.

SIGNATURE Frank A. Camalier (Degree or title) M.D. ADDRESS Leonardtown, Md DATE SIGNED 3/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mch 4-1949
NAME OF CEMETERY OR CREMATORY Our Ladies Chapel
LOCATION (City, town, or county) Near Leonardtown St Marys (State) Md

DATE REC'D BY LOCAL REG. 3/3/49
REGISTRAR'S SIGNATURE F. A. Camalier
24. FUNERAL DIRECTOR W C Mattingley Sons ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02979

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

1. PLACE OF DEATH:

County: St Marys

City or town: Chaptico Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)

State: Maryland County: St Marys

City or town: Chaptico
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Lucy Bond Herriman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb 27-1864

8. AGE: Years	Months	Days	If less than one day
85		4	hrs. ..... min.

9. Birthplace: Chaptico St Marys Maryland
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER 12. Name: Melvin H. Herriman

13. Birthplace: Dont no

MOTHER 14. Maiden name: Martha Bond

15. Birthplace: St Marys Co

16. Informant: Thomas B. Brookshank

Address: Chaptico Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch 6 1949 (month) (day) (year)

Cemetery or crematory: St Joseph Cemetery

Location: Morganza Maryland

18. Funeral director: Mrs Rose E. Welch

Address: Chaptico Maryland

19. 3/3/ 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 3 1949 at 3:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 24 1949 to March 3 1949 and that I last saw h... alive on March 2 1949

Immediate cause of death	DURATION
Cerebral Hemorrhage	7 days
Due to: Hypertension	20 yrs
Due to: 331	
830	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op. —

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — — —
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: Wm D Boyd M.D.
M. D. or other

Address: Leonardtown Date signed 3/3/49

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02980

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point Lookout
LENGTH OF STAY (in this place) Deceased
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BERTHA (Middle) H. (Last) JUDD

4. DATE OF DEATH (Month) March (Day) 4 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jan 13, 1886
9. AGE last birthday 63 yrs. If under 1 Months. 1 year Days 20 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) KANSAS
12. CITIZEN OF WHAT COUNTRY? Unk

13. FATHER'S NAME William Freshie
14. MOTHER'S MAIDEN NAME Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. NONE
17. INFORMANT William F. Coogan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

83a Antecedent cause(s) (b) Generalized Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dead when first seen, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE Julian J. Lane (Degree or title) ADDRESS Leonardtown, Md. DATE SIGNED 3/4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mch 6-49
NAME OF CEMETERY OR CREMATORY Poplar Hill
LOCATION (City, town, or county) Valley Lee Md (State)

DATE REC'D BY LOCAL REG. 3/5/49
REGISTRAR'S SIGNATURE Cassidy
24. FUNERAL DIRECTOR W C Mattingley Sons Leonardtown ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 8 1949
BUREAU V. S.

RECEIVED
MAR 8 1949
BUREAU V. S.

02981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 582

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Marys City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) (Last) Kohut
4. DATE OF DEATH (Month) 3/ (Day) 13/ (Year) 49 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4/24/1887
9. AGE last birthday 61 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Michael Kohut
14. MOTHER'S MAIDEN NAME Elizabeth Adamchik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary G. Kohut

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia	4 days
Antecedent cause(s)			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Jaundice	3 months
	(c)	Carcinoma of head of Pancreas	6 months?

157
469

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3/3/49
19b. MAJOR FINDINGS OF OPERATION Ca of head of Pancreas
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 25, 1949, to March 13 1949, that I last saw the deceased alive on March 13 1949, and that death occurred at 3:15 P m., from the causes and on the date stated above.

SIGNATURE Wm D Boyd (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 3/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/16/49
NAME OF CEMETERY OR CREMATORY St. James
LOCATION (City, town, or county) St. James (State) Maryland

DATE REC'D BY LOCAL REG. 3/15/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR P.B. Robinson ADDRESS Leonardtown, Md.

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 02982

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH: COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loveville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Foley	Mason	March	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	married	May 2-1886	62 yrs.	10	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Loveville Md St Marys	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Mason	Julia Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		578-09-6512	Mrs W Foley Mason

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized peritonitis	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mesenteric thrombosis	2 days.
	(c)	

570.2
99

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from dead, 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 4.45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Allan I. Dame M.D.		Leonardtown, Md.	3/30/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 2-1949	St Joseph	Morganza St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/49	[illegible]	W C. Mattingley Sons	

RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B 012983

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, California — LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Morgan (Middle) (Last) Otterback

4. DATE OF DEATH: (Month) March (Day) 1st (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Aug. 21 1879

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Dentistry

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Louis Otterback

14. MOTHER'S MAIDEN NAME: Sarah Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Mamie A. Otterback

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of lung (metastatic)	6 months
161 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47a	(b) Carcinoma of larynx	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1947

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of larynx

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22 1949, to March 1st 1949, that I last saw the deceased alive on Feb. 28, 1949, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

P.J. Beany M.D. Great Mills Md. March 1st 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: March 3/49 — NAME OF CEMETERY OR CREMATORY: Congressional Cemetery — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: March 1/49 — REGISTRAR'S SIGNATURE: P.J. Beany M.D. — 24. FUNERAL DIRECTOR: Lee Funeral Home — ADDRESS: Washington D.C.

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02984

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): MARY (First) Mandy (Middle) — (Last) STEWART

4. DATE OF DEATH (Month) March (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) None

16. SOCIAL SECURITY NO.: None.

17. INFORMANT: Hillary Neal.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

444 Immediate cause (a) Uremia

Antecedent cause(s)

132 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension & Tubular Nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Lack of proper nursing

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10th, 1949, to Mar 17, 1949, that I last saw the deceased alive on Mar 17, 1949, and that death occurred at 1.45 A m., from the causes and on the date stated above.

SIGNATURE: Francis F. Greenwell (Degree or title) — ADDRESS: Leonardtown Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 2, 1949 — NAME OF CEMETERY OR CREMATORY: Our Lady's — LOCATION (City, town, or county): Medleys Neck — (State): Md.

DATE REC'D BY LOCAL REG.: 3/19/49 — REGISTRAR'S SIGNATURE: Camalier — 24. FUNERAL DIRECTOR: W.C. Mattingley Son — ADDRESS: Leonardtown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02985

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee — LENGTH OF STAY (in this place): 4 1/2
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: near Valley Lee
STREET ADDRESS (If rural, give location): Valley Lee Md

3. NAME OF DECEASED (Type or Print): (First) Flora (Middle) Isabelle (Last) Taylor
4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 1893
9. AGE last birthday: 55 yrs. — If under 1 year: Months 10 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: House Wife
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Morgan
14. MOTHER'S MAIDEN NAME: Easter Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Robert Henery Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 6 mos.

443 Antecedent cause(s)

93d. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14, 1949, to Mch. 17, 1949, that I last saw the deceased alive on Mch. 17, 1949, and that death occurred at 3/5.00 p.m., from the causes and on the date stated above.

SIGNATURE: Wm. H. Patrick M.D. (Degree or title) — ADDRESS: Lexington Park Md. — DATE SIGNED: 3-18-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mch 20-1949 — NAME OF CEMETERY OR CREMATORY: St Marks — LOCATION (City, town, or county) (State): Valley Lee Md

DATE REC'D BY LOCAL REG.: 3/19/49 — REGISTRAR'S SIGNATURE: Camalier

24. FUNERAL DIRECTOR: W. C. Mattingley Sons — ADDRESS: Leonardtown Md

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MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02986

Evidence for change of age is on Film # G 49 - 3-28-49

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Rt.; MARYLAND; LENGTH OF STAY (In this place) 3 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ballyneood; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Columbus (Last) Young

4. DATE OF DEATH: (Month) 3 (Day) 8 (Year) 1949

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: 3/7/1870-1879 yrs.

9. AGE last birthday: If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary E. Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Valvular heart disease — Interval Between Onset and Death: 10 years

421.4

Antecedent cause(s).

92d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1940, to Mar 8, 1949, that I last saw the deceased alive on March 5, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P J Bean MD ADDRESS Great Mills Md DATE SIGNED 3/11/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 3/11/49; NAME OF CEMETERY OR CREMATORY St. Johns; LOCATION (City, town, or county) Ballyneood (State) Md.

DATE REC'D BY LOCAL REG. 3/11/49

REGISTRAR'S SIGNATURE P J Bean MD

24. FUNERAL DIRECTOR H L Robertson ADDRESS Leonardtown Md.

VS. A15

RECEIVED
MAR 15 1949
BUREAU U. S.